

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/183,972

FILING DATE

10-24-98

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1			1		
3		2				
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13	1		1			
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18	1			1		
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21	1			1		
22	1			1		
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27		1		1		
28	1		1			
29	1		1			
30	1		1			
31	1		1	1		
32		1		1		
33				1		
34				1		
35				1		
36			1			
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				2		
44				2		
45				1		
46						
47						
48						
49						
50						
TOTAL IND.	15		9			
TOTAL DEP.	16		25			
TOTAL CLAIMS	31		34			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS